



Attorney Docket No. TB 104IA-US  
01915/13971US02

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicants: Sander, Tom, *et al.*

Serial No.: 09/701,933

Filed: August 20, 2001

) For: "CORTICAL BONE CERVICAL  
) SMITH-ROBINSON FUSION  
) IMPLANT"  
)  
) Group Art Unit: 3738  
)  
) Examiner: Bruce Edward Snow

TRANSMITTAL  
PETITION FOR A TWO (2) MONTH EXTENSION OF TIME

Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Official Action of 12/05/02, for which a response was due 03/05/03, the Applicants hereby request a two (2) month extension of time, extending the time of response to 05/05/03. Applicants enclose a check in the amount of \$410.00 to cover the fee required under 37 C.F.R. § 1.17(a)(2).

1. Additional Documents Cofiled Herewith:

- a. Amendment and Response Under 37 C.F.R. § 1.111;
- b. Check in the amount of \$410.00 to cover the fee required under 37 CFR § 1.17(a)(2);
- c. (Substitute) Information Disclosure Statement; and
- d. Reply postcard.

CERTIFICATE OF MAILING

I hereby certify that this paper and all documents disclosed therein is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on April 24, 2003.

Donald J. Pochopien

05/01/2003 GWORDOF1 00000010 09701933

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**2. Extension of Time**

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$110.00		\$55.00
Two Months	✓	\$410.00		\$205.00
Three Months		\$930.00		\$465.00
Four Months		\$1450.00		\$725.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$ 410.00

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

**Extension Fee Due With This Request \$ 410.00**

**3. Method of Payment of Fees**

- ☒ Attached is a check in the amounts of: \$410.00

Charge Deposit Account No. 13-0017  
in the amount of: \$

A copy of this Transmittal is enclosed.

**4. Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd. A duplicate copy of this Transmittal is enclosed.

Please refund any overpayment to McAndrews, Held & Malloy, Ltd. at the address below.

Respectfully submitted,

**McANDREWS, HELD & MALLOY, LTD.**

By:



Donald J. Pochopien, Esq.  
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500 West Madison Street  
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Dated: April 24, 2003